PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10656180

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			5					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			5 minus 20= *			l	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 = *					X42=		OR	X84=	A
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2	ı	TOTAL		OR	TOTAL	257
CLAIMS AS AMENDED - PART II									ENITITY	•	OTHER	
		(Column 1) CLAIMS	100 mg 100 mg	(Colur HIGH		(Column 3)	ı	SMALL		OH. I	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	.— -	OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		¹	+140=		OR	+280=	
							1	TOTAL	,		TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE	<u> </u>		הטטוו. רבבן	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	REMAINING NL AFTER PRE		HEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							440				
								+140= TOTAL		OR	+280= TOTAL	
							,	ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS	I SANGER I	(Colu		(Column 3)	1			_		
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	 	X42=		OR	X84=	<u> </u>
L	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDENT		T CLAIM	AIM		+140=				
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
**	** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											